

THE STATE OF DELAWARE 1915(b) PROGRAM

Project Name:	Diamond State Long Term Care Program Elderly and Physically Disabled Component
Project Initial Approval:	March 28, 2002
Project Initial Expiration:	March 31, 2004

PROGRAM SUMMARY

The State of Delaware operates a Medicaid Managed Care program under the authority of a 1915(b) waiver. The program entitled Diamond State Long Term Care Program Elderly and Physically Disabled Component (EPD) provides integrated acute and long term care services to Medicaid beneficiaries who are also enrolled in the Medicare program or who meet the functional eligibility criteria for long-term care services and/or home and community-based care waivers. The waiver approval is effective Statewide for the two-year period from April 1, 2002 through March 31, 2004.

Delaware's managed long-term care program consists of two parts, the Elderly and Physically Disabled Component (EPD), which is a combination 1915(b)/(c) program, and the Behavioral Health Care Component, which is a 1915(b) program. It is anticipated that the program will help decrease reliance on institutional care for people who are in need of long term care, create a budget structure that allows resources to be allocated from institutions to community-based services, reduce the rate of growth in Medicaid expenditures for Long Term Care (LTC) services, comply with the Olmstead Supreme Court decision, and make LTC supports more responsive to individual needs and preferences.

This waiver is operated concurrently with a 1915(c) waiver which is the consolidation of three previously existing (c) waivers, the AIDS waiver, the Aged and Disabled waiver and the Assisted Living waiver.

HEALTH CARE DELIVERY

The EPD program provides for the implementation of a mandatory managed long term care program for dual eligibles and Medicaid-only beneficiaries who meet functional eligibility criteria for long term care services and/or home and community based waiver services. All persons enrolled in the program must be 18 years of age or over, with the exception of children under 18 who have a diagnosis of HIV/AIDS. Persons with a primary diagnosis of mental retardation or other developmental disability who qualify for services provided by the Division of Mental Retardation are exempt from the program.

Eligible individuals have a choice of at least two managed care organizations (MCOs). The MCOs are competitively selected and paid on a capitated basis. They are expected to arrange for the provision of all Medicaid-covered benefits with the exception of pharmacy services. They are also expected to arrange for case management and home and community-based services. Additionally, they arrange for the provision of innovative and flexible alternatives to institutional services to help individuals function at the highest level possible and maintain maximum

independence. Enrollment in this program will not impact dual eligibles' free choice of Medicare provider. The target population is approximately 15,000 persons.

BENEFIT PACKAGE

The objective of this program is to provide integrated acute and long term care services to Medicaid beneficiaries who are also enrolled in the Medicare program or who meet the functional eligibility criteria for long-term care services and/or home and community-based care waivers. Services included under this program:

- Case management
- Personal care services
- Respite care
- Adult day health
- Habilitation
- Specialized medical equipment and supplies
- Personal emergency response systems
- Adult residential care

COST EFFECTIVENESS

The savings from this program are expected to increase as the program matures and as alternatives to institutionalization are more aggressively developed and utilized. The intent of the program is to fundamentally improve the range of services available to consumers.

Delaware projects savings of \$406,113 during the initial two year waiver period.

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